DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 0739D-000112

DECLARATION

I hereby declare that:

Each inventor's residence, mailing address and citizenship are as stated below next to their name,

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROUND RECLINER ASSEMBLY WITH REAR FOLDING LATCH

the specific	ation of	which (check one)
		is attached hereto. or was filed on as United States Application Number or PCT International Application No and was amended on (it applicable).
-		I have reviewed and understand the contents of the above identified ling the claims, as amended by any amendment specifically referred
	_	duty to disclose information which is material to patentability as

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)								
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORIT Yes	PRIORITY CLAIM Yes No				
		·						

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572, Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

	or's signature: Swar John						
Date: _	3-8-04						
Residence: 46148 Turnbuckle, Macomb Twp., Michigan 48044							

Citizenship: United States of America Mailing Address: Same as Residence